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# MENTAL HEALTH

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# MENTAL HEALTH

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# MENTAL HEALTH

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## Foreword

With this issue the Journal now entitled **MENTAL HEALTH** comes into being. It is edited on behalf of three of the principal mental health organizations of the country, namely, the Central Association for Mental Welfare, the Child Guidance Council, and the National Council for Mental Hygiene. It has long been the desire of these organizations to achieve a closer measure of co-operation, and the need for economy and for avoiding overlapping and consequent waste of effort which has become imperative owing to the war, has provided an opportunity for taking the first step to achieve this aim. An Editorial Board has been formed consisting of representatives of each of the organizations so that the different aspects of their work can be given their full value, and it is obvious that a joint journal with its wider scope must be more valuable in that it can represent the whole field of mental health in true proportion. Members of the Central Association for Mental Welfare and the National Council for Mental Hygiene will find that the essential features of the former journals issued by those organizations have been preserved. The association of the Child Guidance Council with the new journal will extend the field in a way which is most important at all times, and especially during a war. It is more than ever vital that the coming generation should be safeguarded from undue strains and stresses and that they should be given the opportunity to become stable and harmoniously balanced individuals, for upon them will devolve the great burden of building up the post-war world.

The amalgamation of the journals will, we hope, prove the first step towards the full amalgamation of the three organizations which has been so strongly advocated in the Report of the Feversham Committee. This is a project which the war need not postpone but rather bring nearer because of the greater need for co-ordinated effort. We hope that all those who subscribed to the former journals will continue to subscribe to the new publication, and that we shall acquire many new readers. The need for guidance towards mental health must inevitably grow, and grow rapidly, in these difficult times, and a wise and instructed public opinion supporting those who are at the spearhead of the movement will help to guide it aright. We trust that the journal may prove successful and that it will be of benefit to all those whom it seeks to serve.

## The Bedwetting Problem

By EMANUEL MILLER, M.A., M.R.C.S., L.R.C.P., D.P.M.

Hon. Director, East London Child Guidance Clinic  
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The recent evacuation of children has led to a very appreciable increase of bedwetting amongst those young people who have left their homes for more or less distant stations throughout the country: young people, because the increase has occurred in all age groups from early childhood to adolescence. For this reason it is timely to review the problem, its causes and the methods of cure. The problem merits our closest attention as much loose thinking about it has taken place because of erroneous classification. In consequence, therapeutic methods have not always been wisely applied with the result that parents who expected a cure in cases which were hopeless have been much disappointed or have been, if rarely, surprised at cures when medical men had been pessimistic.

In the first place the term "enuresis" has been applied too widely to all cases which have wetted in the absence of any clear organic cause for its occurrence. In general medicine and surgical practice the involuntary voiding of urine by day or by night, or at both periods of the twenty-four hours, can occur in a variety of organic diseases of the nervous system and in certain surgical conditions of the pelvis known particularly to gynaecologists. The conditions of organic disease comprise disease of the spinal cord, congenital (*spina bifida*) and acquired (disseminated sclerosis, gunshot wound of the spinal cord and the sacral plexus, general paralysis, and some cases of locomotor ataxia, to quote a few outstanding examples). It occurs in certain profound mental disorders such as general paralysis and dementia praecox, and in these cases it is not erroneous to suppose that an element of disturbed volition enters into its occurrence. All these cases, including the wetting of epileptic seizures, must be classed as incontinence and not as enuresis. It is a distinction that is imperative, for it marks off a group of cases with poor, if any, chance of recovery. Furthermore, even in the absence of clear organic disease there are other forms which belong to the incontinent group. In this group are to be found the cases of late development of sphincter control in young children, mental deficiency where training is fruitless, and where there is some inborn lack of motor co-ordination. Such cases of incontinence in the absence of organic disease are due to some delay of motor development, and inasmuch as the nervous mechanism is a system of voluntary and involuntary nerve impulses, the source of the control lies in the realm of the instincts as well as in the realm of volition. In fact, the implication of the sympathetic nervous system makes it clear that the glands of internal secretion play their part also in the total pattern of the mechanism which supplies the controlling forces. It is not, therefore, remarkable that children of a subthyroidic endocrine make-up are prone to bedwetting. Such children are torpid, cold handed, pale and easily tired. They respond well to small doses of thyroid gland, and others to belladonna in heavy doses. These medicaments are consequently in the nature of a therapeutic test of diagnosis in a certain type.

### The Natural History of Bladder Control

*Physical Aspects.* In the same way as a child's nervous system matures to functional perfection from embryonic life to the acquisition of walking and talking, so also it gradually and inevitably acquires control over the muscular apparatus which governs the working of the bladder and the rectum. To a large extent these controls are reflex in character. Head's work on the Mass Reflex of the spinal cord shows how in spinal injuries above the lumbar region the control of the sphincters is automatic in character arising from the tension of bladder and rectum and stimulation of the cord from a variety of causes. But the control in man eventually assumes a volitional character, that is to say, the cerebrum makes possible the selective control of micturition and defaecation.

The primary reflex discharge can be subject to conditioning. The child can be "put out" at certain times. In fact the whole system of nursing of babies (Truby King methods) is a means whereby the child is conditioned to void its bladder under circumstances which are most suited to human cultural requirements. This is what we mean by *training*. The capacity to accept conditioning is a function of a mature nervous system, both at the level of cerebral control, volitional in character, and in the reflex workings of a developed spinal-sympathetic apparatus. We can well understand from these physical facts that the backward child on the one hand, and the highly excitable child with poor critical control on the other, may be subject to bedwetting and diurnal wetting.

*Psycho-somatic Aspects.* If the human child were a simple reflex animal subject to very limited conditions the problem of bedwetting would resolve itself into a simple one of incontinence due to poor or delayed maturation and bad conditioning. But the relative complexity of the life of a child, means that this is not so. The atmosphere of training, the methods of training, occasion a variety of circumstances in which a breakdown of control can take place. Moreover, the emotional forces which impinge upon the child from within as well as from without influence his life in many ways, and it is not surprising that the primitive function of micturition should be subject to a variety of influences and shocks. We know how animals in flight are prone to void their urine. We have repeated examples of examination fear producing frequency and even enuresis. We can think of examples of fear even inhibiting the functions of micturition. But these are enuresis of a very elementary kind, and there are few examples of enuresis which can be explained by reference to a regression to such a simple instinctive response. Most cases are much more complicated, although experience gives us examples of sudden shock starting off intractable wetting which calls for no recondit psychological explanations. We can, however, for a moment mention the *simple cases of regression* for they probably account for the large number of cases that have occurred amongst the evacuated children. The very fact that these children were, as a rule, restored to normality by change of billets, more comfortable sleeping quarters, and by being handed over to more sympathetic charges, proves that the condition was due to a simple breakdown of control occasioned by insecurity and unfamiliarity. Here regression to an infantile uncontrolled reflex voiding of urine was the result of an emotional response

becoming easier by the removal of the customary routine, and the absence of the familiar persons upon whom the child relied for emotional support. All the well constructed supports and scaffolds which held up the child's physical and mental life were unexpectedly removed, and the child fell, as it were, as a person collapses when a familiar splint is taken from him, although his fracture is repaired and his bones are really capable of carrying his weight. Breakdown in confidence no doubt takes place only in cases where the child has all along been living in some insecurity which has been disguised by the supporting world upon which the child was made to rely too much. Furthermore, some of such children were only too prepared to take advantage unconsciously of the removal of restraining influences, moral or disciplinary. Some cases might even be regarded as a sort of sphincter holiday. The child goes "native" as it were. It is not too much to suggest that the reconstruction of a quasi familiar world around the child leads to the reassertion of the pattern of emotional controls which has been temporarily sundered or disturbed.

But to cover the whole field of the emotional instinctual conditions which make up enuresis we ought to consider certain aspects of micturition not as they appear to us as adults but as they appear or appeal to the child mind. The child from infancy, as soon as voluntary control is experienced, feels the act of micturition as an urgency which is not unaccompanied by pleasurable feeling. Moreover, the sense of forcible expulsion endows the act with an element of power. It is also a creative act inasmuch as something is actually produced by the child from its own body. Free expulsion of the contents of the bladder is therefore to the child an expression of freedom, power and creativeness, coloured by pleasant feeling tone. It is, in addition, clearly a way of reducing physical tension. So much for the child's positive contribution to the act. But from an early age it is an act subject to regulation. It is confined to definite times by the mother or nurse, it is governed by a napkin and stimulated by a chamber pot. It very soon becomes an act associated with disapproval and approval, and moreover it is tied up with a part of the body which is private—its exposure is frowned upon. Thus we realize that micturition is not a mere physical act of expelling the rejects of metabolism, but an emotional instinctive process enjoyed by the child and subject to a massive barricade of prohibitions, rewards and punishments. Where resentment is felt against nursing we can picture the child aggressively asserting itself in the act. We can picture the child escaping from responsibility and control by indulging in the act. In sleep, inhibitions imposed by the waking world and its laws and orderliness are relaxed and the child can indulge, perhaps through its dream-fancies, the freedom, power and aggressiveness of the act. It is equally possible that auto-erotic acts denied by the waking life are vicariously satisfied by bedwetting in sleep, particularly during the period of maximum dreamfulness, when going off to sleep, and at the threshold of waking.

It is obvious, therefore, that before we can fully understand all but the uncomplicated cases of bedwetting we must look into all the circumstances of the early life of the child. That is to say, the method of nursing, the degree of authoritarianism, the atmosphere of moral censureship. In addition, the positive aspects must be considered, the child's aggressiveness, its desire for love and attention,

the sensual attachment to parents and nurses, its degree of loneliness from which the escape into auto-erotism springs. These considerations do not rule out the benefits of hygienic training, sleep habits or metabolic balance in diet. They throw a light on a condition which exists independently of training and level of intelligence. They tend to focus our attention on those true enuretics who are suffering not from incontinence, the causes of which spring from organic disorders before discussed, but from disturbances of the emotional and instinctual life. To investigate a case, therefore, the family relations must be fully taken into account from excessive love to jealousy of rival, a brother or a sister. We must consider all other symptoms which accompany the enuresis, from temper tantrums and phobias to acts of delinquency. Such a survey of a case can alone relieve those strains and frustrations which lie at the root of this obstinate and embarrassing condition.

## Some Psychological Difficulties of Evacuation

By EDNA M. HENSHAW, B.A.

Organizer, Child Guidance Council

In the consideration of the success or failure of evacuation it must be remembered that evacuation is essentially an emergency measure.

Evacuation is a temporary foster-homing. In normal peace times, foster-homing of children with unsatisfactory homes is carried out by experts. Wartime evacuation was designed for the child coming from the background of a normal home who was supposed to be sufficiently buoyant and adaptable to stand being moved to any other home and thus so many thousand children were to be fitted into so many thousand homes. Although it was hoped that some selection might be managed by the reception committees, in fact there was so little time for co-ordination between the various local authorities involved, that selection merely took the form of the more enterprising householders quickly picking the children they thought looked most attractive, sometimes with disastrous effects on those unfortunate children who were left to the end.

Now after four months abandonment of evacuation has been suggested because of the difficulties and unnecessary burdens that have been forced upon householders rather than on the difficulties of the children.

It has been generally supposed that because children have left the crowded towns for the wide open spaces of the country this means an enviable country holiday that never ends. This indefiniteness of period has been an important contributory factor in many of the difficulties that have arisen. Parents who parted willingly with their children, householders who willingly received children, and the children themselves had not contemplated enduring the new régime for any length of time. After the first month, with no end in sight and no evident danger, questioning and unrest began.

Children at boarding school know that the term has an end, and so adjust themselves accordingly. Parents may part with their children for a time confident that their relationship with them will stand temporary separation. Householders are prepared to upset their routine to help in a national emergency. But when the period involved may be of any length from one to six years it demands a more highly developed relationship between all the parties concerned. Particularly is the uncertainty of period distressing in any cases of maladjustment or psychological difficulty.

In following up some of the difficulties reported from the Reception areas of a Northern town, it was found that the cases fell into similar categories to those used in the classification of cases in child guidance clinics, except that as the difficulties were in nearly every case referred by the householder, there was an inevitable emphasis on the symptoms with the highest nuisance value. Nail biters, stammerers and cases of backwardness were naturally not looked on with the same horror as enuretics and pilferers.

It was found in addition that the cases could be roughly classified into those arousing the antagonism of the householder, as for example, pilfering, lying, rowdiness and wandering, and those arousing disgust as well, such as enuresis, faecal incontinence, lack of cleanly habits, and undesirable sexual behaviour. It must be noted that this disgust was often aroused by the condition of the children on evacuation. Dirty heads and dirty and inadequate clothing were factors quite outside the child's own control but nevertheless seriously prejudiced his chances of adjustment in the billet. The homesick, backward, or timid child usually aroused the pity of the householder and where the latter reported such a case, it was in search of information for the good of the child rather than for his own convenience. Of course a vast number of householders treated every type of difficulty with enlightened understanding and unfailing patience. In some cases they have been rewarded by a cessation of the difficulty, though often this has been established too long to respond immediately even to the greatest consideration.

In the absence of any normal child guidance facilities difficulties could only be alleviated through some modification of the actual situation, but in every case it was found worth while to make a detailed investigation of the case along child guidance lines, obtaining a family history of the child's development from the parent, a school report where possible from the teacher normally dealing with him, in addition to interviewing the receiving householder and the child himself. Adopting this method it was possible to furnish the householder with information which helped her in dealing with the difficulty and in understanding the child's point of view. It was also possible by this detailed investigation to dispell the often grossly exaggerated rumours of an evacuee's misdeeds.

In the investigation of householders' allegations it has to be borne in mind that although in the area under consideration there was no compulsory billeting, there was nevertheless an obligation on the householder once having taken an evacuee to keep him unless some good reason for not doing so could be given. In most districts rebilleting was an arrangement between the householder and the billeting officer, though in some districts a tribunal was formed before which complaints were

brought. In these circumstances exaggeration and mis-statement are hard to avoid. But the child having lost his character is difficult to rebillet and the parent has no redress.

Similar discontent was felt by parents in the few cases of evacuees coming before the Juvenile Court in the Reception area. They felt that had the child been under their care at home it would not have happened. In some cases their immediate response has been to bring all their children back as a protest.

Difficult situations for children in billets have arisen when open criticism of the child's parents has been indulged in by the foster parents, or where the foster parent openly sides with one member of the family against another. The sentiments for parents, and brothers and sisters, seem to become stronger as a result of the breaking up of the family unit and any external interference destroys the feeling of security which these sentiments provide. An example of a boy of eleven shows the effect of this. He had been billeted with his elder brother of fourteen, the householder took the side of the younger boy on every possible occasion because she had noticed that the mother favoured the elder one. She openly criticized the mother for this favouritism, endeavouring to compensate the younger. The result, however, was an increase in anxiety in the younger boy and a slight tendency to enuresis in the first weeks of evacuation developed into a nightly occurrence. When asked about his home his reply was, "I'd rather be at home, anyone would." In this case the householder, overzealous to make up to the child for what she felt to be a defect in his home, was in fact increasing his difficulty.

A similar situation for the child is sometimes created when the billet is of a higher social stratum and the child was originally received in a verminous condition, the householder afraid of a recurrence of infection does not ask the visiting mother to come in, but lets her wait on the doorstep until the child is ready and then sends them out to walk the village street feeling conspicuous and unhappy. It is the subsequent elaboration of a few occasions of this nature that has given rise to lack of understanding and antagonism between town and country people.

Householders receiving children have varied in their attitude towards them from complete detachment, supplying merely their physical needs, to complete possession, treating the child so much as their own, that jealousy has arisen between the parent and householder. In a few happy cases children unwanted in their own homes have found perfect foster-homes, which may possibly become permanent.

Evacuation has emphasized the reality of social stratification, and it has shown the greater rigidity of this stratification in the adult than in the child. The child under five accepts the manners of any community, the child up to eleven quickly adjusts himself to a stratum above his own, and it is unusual for him to be upset by being placed in one below. The adolescent finds change difficult, particularly if it is downwards, but it is the parent who has the most difficulty in adaptation and who is sometimes quick to resent a child being billeted in a home not as good as her own, and who sometimes removes a child from a better home because of her own class consciousness.

Evacuation has illustrated the wide range of parental attitude in all strata of society, from those who are relieved that for a time at least someone else should have

the responsibility of their younger children, to those who are so over anxious that they are unable to contemplate evacuation for their children under any circumstances. Between these two extremes there is every gradation and there is evidence to show that for successful evacuation the parent's attitude is as significant as the householder's. Contrary to popular expectation the child coming from an ideal home giving him emotional security and ordered comfort has found it easier to settle, even in an indifferent billet, than the child from an indifferent home.

In some instances ill cared for children from slum homes have found the unwonted restrictions and regulations more than they could manage. Early bedtimes, sitting at table for their meals, cultivating table manners, routine washing, dressing and undressing, was in such contrast to their normal mode of life that they either made conscious efforts to get back home again or developed indirect retaliatory behaviour. A boy of ten having been moved from a billet where he had been very happy to a house of much higher social standing explained that he had nothing against the householder but that everything was "too different". When interviewed in his own slum home he was radiant, "in your own yard there is such lots to do". A similar sentiment is expressed by a secondary school boy who had returned home when his own school reopened, "Mum, isn't it good to poke the fire."

The difference in play between town and country children has been a trouble to some boys. In the town back yards there is nearly always some form of mock gangster play, reproduced from the latest film, going on. Any available material is used, any available earth dug up, and often lively feuds between adjoining territories. In country villages and small towns this type of play is not so usual, the neighbourhood is more self-respecting, and the available earth is cultivated. There is in fact more space and more freedom but it takes the town child some time to learn to use it, and in the learning he may earn serious disapproval. There has been striking evidence of the normal part played by the cinema in the town child's life. A boy of ten being moved from a country billet after three months said, "I don't mind where I go as long as it's near the pictures." His weekly visit to the pictures was the most real thing in his life. Earning pocket money loses some of its significance when there are no pictures to spend it on.

Evacuation has illustrated the different needs of different ages of children. A study of nursery school and young children evacuated in self-contained groups and into private households suggests that the latter is the more satisfactory. The child established in a household quickly accepts the new routine, demands what he wants from the adult and adolescent members, is impervious to criticism and treats the home as his own. He quickly becomes attached to his foster parents and is usually appreciated. In this way he is probably more fortunate than the child evacuated as a member of a nursery school into a large house. In these instances in spite of untiring efforts of the school staffs often on duty for twenty-four hours in the day, it has been almost impossible to supply a sufficiently high concentration of adults, and in most instances the male influence has been absent. Home sickness in young children for their fathers has not been exceptional both in little boys and little girls. This occurs more frequently in cases where there is no adequate father

substitute. A small enuretic on being taken home from a billet where he had been happy and well cared for, when told that he was going home to see his mother, only replied, "I want to see my Daddy." He was leaving a billet where the man was away a lot and saw practically nothing of him. Another child on being visited by her mother burst into tears because "Daddy hasn't come." Most children are anxious to see their fathers in uniform.

The fact that there have been comparatively few complaints of hooliganism is probably largely due to the male influence in the households.

A study of secondary school children evacuated illustrates very clearly the almost adult formation of sentiments in the older and more intelligent child. In particular they have shown a conscious appreciation of educational advantages to be gained in the Reception areas. They have been more independent of their environment than the younger and less intelligent children. It is worth noting here that the imagined dangers to all adolescent girls predicted in the early days of evacuation have not in fact proved serious. This, however, was the reason given by many of the mothers of senior school girls for not allowing their girls to be evacuated.

There has been a higher incidence of enuresis in all ages of children than was expected. It is impossible yet to say how far this is due directly to evacuation causing a new anxiety situation, or whether in most cases the symptom had been present before evacuation hidden in the security of the child's own home. In most of the cases where the history has been obtainable, evacuation seems to have caused a recurrence and increase in the symptom, in children who had previously been enuretic. More publicity in the first weeks of evacuation would have helped to prevent a great deal of the ill feeling that has arisen through this complaint. Parents fearing that their children would not be accepted if they admitted them to be enuretic, sent them out quite unprepared and it was many weeks before householders were provided with rubber sheets. The children themselves could have been sent out with more confidence to deal with criticism and blame which in many households they had to face, had the problem been more openly acknowledged.

Search for billets for admitted enuretics has not proved impossible. The behaviour of householders receiving these children can not be too highly praised. They have realized the child's predicament and for no extra remuneration have accepted the added burden of daily washing. In some districts no effort has been made to find such homes, the children have instead been sent to existing convalescent homes or institutions, or special houses for them have been set up. Children sent to these homes are alleged to be there for treatment, but in fact they only serve as a temporary solution for the disposal of unbilletable children. From the child's standpoint unless these Homes are run under the very best conditions they provide a poor alternative to the household billet.

There have been suggestions made from many sources that the whole evacuation scheme should have been run on a large camp or boarding school basis. It is difficult to see how this could have been done in a satisfactory manner even if the premises had been available. Children are not normally kept at boarding school at the cost of 8s. 6d. a week, and the care of children in large groups is a skilled job requiring a

specialized personnel which would not have been available at such short notice and on so large a scale.

The problem child needs freedom, the homely security, and the affection which have been so generously given by the householders, even more than the normal well adjusted child who though he is sufficiently resilient to exist for a time without such amenities, by receiving them is storing up a sounder basis for his later development.

A factor often overlooked in this connection is the actual fear of war. There is some evidence that this fear spreads more rapidly in a large group of children and is accentuated in the less real atmosphere of a boarding school or a home. As one very unhappy child, temporarily billeted in one of these homes said, "I don't like it here, but I don't want to go home because I don't want to be killed, but I don't want Mummy to be killed either." Illustrations of this fear for the parents can be found in child guidance clinic records after registration for evacuation had taken place. Although this degree of disturbance was abnormal, it may be supposed that the danger to homes and parents did not pass even the normal child unnoticed. This is borne out by anxiety symptoms in evacuated children awaiting B.B.C. News Bulletins, seizing newspapers and in adolescents' letters home demanding news. It is possible that a more open discussion of the war with evacuated children would ease this difficulty. This may already be happening in some schools but the tendency in most foster-homes is to encourage repression and ignore the danger on the grounds that what the child does not talk about he does not worry about.

Although evacuation in its present form has caused much inconvenience, this first experiment has shown that in an emergency necessitating a large scale rehousing of children, this can be done successfully along the present lines, both for children and householders. From the experience gained in the first months of evacuation, the rehousing of mothers seems to raise more difficult and fundamental issues of which evacuation into existing homes is not a satisfactory solution.

## Matrix Tests

By JOHN C. RAVEN, M.Sc.

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### Methods of Measuring Mental Ability

The simplest method of assessing mental ability is, of course, to ask questions, award marks and to compare the marks gained by one person with the marks gained by others. Its simplicity, range of application and possible refinements are the chief assets of this method and its chief defect is that the marking, however conscientiously it is carried out, remains arbitrary. The persons examined are really classified according to their ability to please the examiner and though this involves mental ability, training is also essential.

A more reliable method of assessing mental ability is to use a standard group of problems which persons of average ability, without previous training, are just able

to solve at a given age and of such a nature that persons of more than average ability are able to solve them at an earlier age; while those of less than average ability, if they solve them at all, succeed only at a later age. Such a series of problems, each of which can be marked simply as solved or unsolved, provides a means of assessing a person's mental development at any given age and thence the rate at which development is taking place. This method leads naturally to the conception of "mental ages" and "intelligence quotients". It has the merit of showing the extent to which a bright young child and an older duller child are mentally similar and, at the same time, the way in which they are fundamentally different. Provided a person is neither deliberately coached nor abnormally prevented from acquiring sufficient general information, mental age increases steadily with chronological age while the intelligence quotient remains relatively constant throughout life. The method is therefore considered a means of measuring innate ability. It has two serious disadvantages. The first is that one can give no satisfactory definition of the ability measured. The second is that one can never be sure that testees have had equal opportunities for acquiring the necessary general information. The things of everyday life vary from place to place and so do language and educational facilities. To overcome the difficulty the problems used have been made numerous and varied, but whilst this decreases the effect of any one unsuitable test it increases the possibility of unsuitable tests occurring and obscures their existence. For this reason other methods of measuring mental ability are used. Some tests embody a period of practice before the marked test begins, other tests are designed to be concerned with things with which every person, in the author's opinion, should be familiar, or, on the contrary, with material which no one is likely to have encountered. To ensure that the ability measured can be clearly defined some tests are made entirely verbal, others non-verbal; some are designed to measure the rate of mental work, others measure only the accuracy of thinking.

Each method has its advantages and limitations. The superintendent of an institution finds mental ages convenient when grouping defectives for supervision. A teacher finds tests of school attainments useful when placing scholars in suitable classes. When individuals are to be selected for special training or occupation, tests of innate ability and specific aptitude are needed. But a test is useful only in so far as its reliability is known and the ability it measures is definable.

### Tests of Education

The work of Spearman (1927) may appear an abstract statistical controversy concerning "g" and "s", but his great contribution to practical mental testing is his clear enunciation of the laws of "eduction" or "noegenesis". He has shown that the whole qualitative development of creative mental activity is a continuous process of—

1. Apprehending the characters of experience,
2. Educating relations between the characters apprehended, and
3. The creation of correlates bearing specific relationships to experienced characters.

The more mental activity is studied, the more clearly these three phases of education, interacting one upon the other, are seen to be the characteristic qualities experienced in all mental processes which are in any way "rational", "original", "adjustive", or, in ordinary language, *intelligent*, as distinct from those which are purely "instinctive", "habitual", "reproductive"; in other words, *repetitive*. It follows that what is needed is a good test of education and good tests of repetitive ability.

To determine the best tests of education, testees have been trained to educe relations of different complexity (Spearman, 1927). The causes of failure and conditions of success have been studied. It has been shown that verbal (Stephenson, 1931) and performance tests (Alexander, 1935) are influenced by processes other than education while visually presented meaningless figures provide the most satisfactory means of estimating a person's innate educative ability. Perceptual tests, such as those shown in Figs. 1 to 4, may appear useless artistic stunts or obscure mathematical problems but, upon investigation, success in solving them is found to depend upon the ability for logical thought which is the essential factor in all intelligent conduct. According to the type of problem employed and the method of testing adopted such tests can be used to measure either the rate or the accuracy of education. "Progressive Matrices" is a series of such tests designed to measure the accuracy of education.

### Progressive Matrices

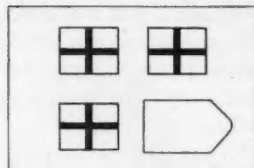
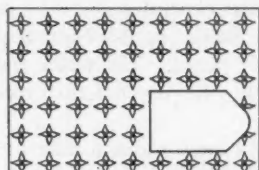
Progressive Matrices consists of sixty perceptually presented tests. Each test consists of a design or "matrix" from which part has been removed. The testee has to examine the matrix and decide which of the pieces given below is the right one to complete the matrix. Twelve tests complete a Set and there are five Sets, lettered A to E. Each Set develops a different theme. The initial tests in each Set are easy so as to be self evident and these are followed by tests of increasing difficulty; the order in which they are presented provides the necessary training.

Three forms of Progressive Matrices are in use. In the published form the tests are printed in black on white paper in a booklet. This is intended for use with ordinary people over six years old. The testee indicates his choice by pointing to the piece so that the psychologist can record his choice, or by writing down the number of the piece he selects on a scoring form.

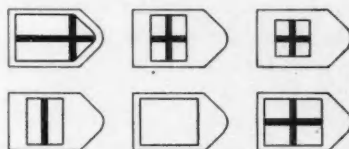
For young children the Board Form of the test is used.† This consists of Sets A and B only. Each Set is in an attractive box and each test, drawn in bright colours, is in a separate folder. The matrix is on the upper part of the folder and has a real gap to be filled, the "bits" are in the lower part of the folder and the child picks them out and puts them into the gap. Seeing the result of his choice trains the child much better than verbal instructions. To ensure that colour discrimination does not affect success, dark patterns are used on a light ground.

\* H. K. Lewis & Co. Ltd., London. (Sets A, B, C, D and E.)

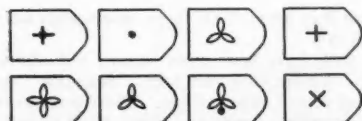
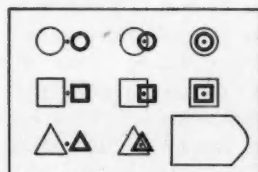
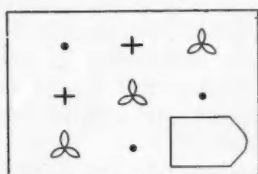
† Board Form of Sets A and B, obtainable from the Research Dept., Royal Eastern Counties Institution, Colchester.



Example 1



Example 2



Example 3



Example 4

From article published in *Brit. Journal Med. Psychol.*, 1936

To prevent manipulation, the gap and the insets are asymmetrical. The advantage of the Board Form of the test is that it is almost irresistible to young children. The disadvantage is that it is difficult to make and therefore expensive.

For special cases a portfolio form of the test is used. In this form the black and white prints are cut out and mounted on grey paper. The testee indicates his choice by any gesture of which he is capable, the psychologist recording his choice.

The procedure is simple. All that is required is a quiet room, a table at which the testee can sit comfortably, the most suitable form of the test, and a skilled and experienced psychologist. The psychologist watches the testee build up a system of thought under standard conditions, notes the degree to which he is successful and the nature of his errors, guides his attention with as little comment as possible, and ensures that errors, when they occur, are genuine failures of educative ability. An average child of three is well able to solve the initial problems of Set A and the complete series of sixty problems presents difficulty to quite able adults. The whole range of educative ability is covered and from the results the psychologist can class any testee according to where his score falls on a percentile scale. The reliability of the testee's total score is indicated by the scores on the component Sets; the time taken and the nature of the testee's errors are indicative of temperamental and emotional traits.

Under the guidance of an experienced psychologist one of these forms of the test can be used with almost any testee. It has been used with normal children from three to fourteen years old, with mentally defective children and physically defective children including those with partial sight. Being independent of language, satisfactory results have been obtained from deaf children and foreign children (Spanish refugees). It is equally applicable to adults.\* An embossed form of Matrix Test for use with blind subjects could be prepared.

For clinical purposes the test has distinct advantages. So little need be said or done that children's tears and antagonisms are circumvented. The testee finds himself able to succeed and the co-operation of even psychotic patients is secured.

\* Writing in *MENTAL WELFARE* (April 1939) Professor Burt says: "Of those (intelligence tests for adults) at present available none is wholly satisfactory."

Matrix Tests, which are, of course, "judgment" tests, have been given to only 150 adults. The results, however, have been uniformly satisfactory. Adults have not been "resentful" or "embarrassed" by any resemblance between the test and school examinations. Their comments were: "I'm doing these all right" (Feeble-minded adult); "They make you think, don't they?" (Average adult); "You've got me beat this time" (Sergeant-major); "I'm staking on number six" (Officer); "What is the answer to E 8?" (Student); "What I like is the way your test grips me" (Psycho-analyst); "I'm sorry I can't say how long I took. I was interrupted and did the last few in my bath" (a lady). A solicitor's opinion was that they were "problems of pure logic". An artist considered them mainly questions of "good design". Both obtained high scores but while the solicitor apparently based his arguments on what Burt describes as "the explicit step by step inference of the logician", the artist apprehended the solution by what Burt describes as a "complex synthetic activity, comparable to what is popularly described as 'intuition', whereby we implicitly comprehend the intelligible character of a whole, without explicitly analysing it into its component parts or distinctly formulating their relations." Testees frequently perceive a matrix of relations as a whole without clearly perceiving that explicit relations exist between the individual figures. It was for this reason that the writer liked the name "Matrix Test".



**PROGRESSIVE MATRICES**

In the form of boards for little children



## Score Comparisons

For experimental work sixty-five problems were used. In Table I the mean scores for interesting groups of adults and children are shown. The scores of the university students showed little correlation with their individual scholastic attainments, but the difference between the mean score for the group of students and the mean score for the group of soldiers is significant. The Headquarter Staff of a regular Infantry Battalion was tested. The scores are approximately what might be expected from a group of average adults and there appears to be little growth of educative ability after the age of thirteen. There is, however, a characteristic difference between the average score for a child of thirteen years and that of a child of eight years. Usually during its ninth year a child begins to solve problems similar to those shown in Figs. 3 and 4 in which it is necessary to reason by analogy. Apparently higher thought processes begin to mature, and the fact that children over nine years need problems which are unsuitable for children under eight years of age made the construction of a continuous series of tests extremely difficult.

TABLE I.

	No. tested.	Mean score.	Standard Deviation.
University Students .. ..	24	54.3	4.7
Soldiers .. ..	44	44.2	9.6
Children 13-14 years .. ..	178	42.5	10.3
Children 8-9 years .. ..	53	20.6	7.0
Feeble-minded adults .. ..	25	19.8	5.2

The average score for a group of high-grade feeble-minded adults is approximately equal to the score of the average child of eight years. If the simple ament is given time, and especially if he is allowed to work by trial and error, he may, like the average child of eight years or less, acquire skill in solving problems similar to those shown in Figs. 1 and 2, but in solving problems of the type shown in Figs. 3 and 4, where it is necessary to reason by analogy, the ament remains, throughout life, characteristically incompetent. The thought processes which normally begin to appear during the ninth year fail to mature and it is probably just the inability to reason by analogy which renders the majority of mentally defective adults "incapable of managing themselves and their own affairs" and mentally retarded children "incapable of receiving proper benefit from instruction in ordinary schools".

Boys attending London schools for the mentally defective were tested. The mean standard score for those making no progress in school work was found to be  $-2.5\sigma^*$ , while the mean standard score for those who were making progress was  $-1.5\sigma$ . Some boys over thirteen years of age, although seriously retarded in school attainments, obtained relatively normal Matrix Test scores and were clearly able to reason by analogy. It was interesting to find that the percentage of boys able to reason by analogy before leaving the school agreed with the percentage of boys who had retained regular employment after leaving the school.

\* $\sigma$  is simply a statistical unit of measurement; + if above normal, - if below normal.

Physically defective children were tested. They were first classified according to the nature of their ailment and then sub-classified according to whether their teachers considered them normal in school work, backward due to loss of schooling or retarded due to mental dullness. The results are shown in Table II. The teacher's ratings and the test scores both show that the association of mental dullness with congenital abnormalities is greater than its association with acquired diseases even when neurological abnormalities of whatever origin are considered as a separate class. The result is interesting because it shows the agreement between the test scores, the teacher's ratings, and the findings of other investigators (Dawson, 1931). The teacher's ratings show a high incidence of backward and dull children, but the mean standard score for the whole group is, as it should be, just normal. The mean score for the children classified as mentally dull is distinctly below normal but the mean score for those considered backward but not dull suggests that, as a group, they are even slightly brighter than those considered normal in school work. These findings are probably correct; in general a backward child has to be brighter than a child of average attainments if it is to impress the teacher that it is backward but not dull, and the test showed this. No child classified as backward obtained a test score significantly below normal. On the other hand one child classified as dull obtained a score of  $+2\sigma$  and enquiries showed that the child was genuinely intelligent, but extremely backward.

TABLE II.  
PHYSICALLY DEFECTIVE CHILDREN

	Normal.	Backward.	Dull.	Total.	Mean $\sigma$ score.
Intercurrent Disease .. ..	32	9	2	43	+0.35
Neurological Conditions .. ..	15	2	6	23	+0.1
Congenital Abnormalities .. ..	15	4	6	25	+0.05
Total .. ..	62	15	14	91	—
Mean Standard score .. ..	+0.4	+0.5	-1.0	—	+0.2

A revised and standardized series of sixty matrices and the Terman Merrill Revision of the Binet Scale was given to 131 children referred to a child guidance clinic; 57 were sent for examination before emigration and 74 were referred to the clinic on account of psychological difficulties. The children examined before emigration came from all parts of the British Isles and were chiefly orphans of good average mental ability. The children referred on account of psychological difficulties contained eighteen cases of school failure, twenty-four cases of anti-social conduct, twenty-four cases of unsatisfactory habits such as enuresis, and eight cases of emotional abnormalities, fears, etc.

For comparative purposes Terman I.Q.s and Matrix Test scores were each converted into percentile ratings. According to both scales the group contained a rather low percentage of children of average ability, and rather high percentages of exceptionally dull and exceptionally bright children.

The correlation between the two test ratings is shown in Table III. There is considerable agreement between Terman and Matrix Test classifications, but in eight cases the ratings differ by more than one class. The case notes of these eight children are striking.

Three children obtained Terman I.Q.s of over 130 but only average Matrix Test scores. All three had attended secondary schools, had proved failures, and had reacted by anti-social behaviour. All three showed exceptional verbal fluency.

One child, examined before emigration, obtained a Terman I.Q. of 96, but from his Matrix Test score he appeared intellectually defective. Unfortunately no case notes are available.

The remaining four cases were all children under 10½ years of age who were about to emigrate. Their Matrix Test scores indicated that they were of superior mental ability but their Terman I.Q.s ranged from 90 to 109. One child had recently come from Cornwall, another from Scotland while a third was Irish. All four were slow in following instructions and concerning one child the writer received these notes. His "mother hates him and told me that she would do anything to get rid of him . . . and hoped to have him classed as subnormal mentally so that she might have him put away permanently—she tried to produce this condition in him by keeping him shut up in a bedroom. He was not allowed to go to school . . . any normal child subjected to the treatment this boy has received would show the effects of it."

TABLE III.

Terman Percentile Class.	Matrix Percentile Class.*					Totals.
	E	D	C	B	A	
I.Qs.						
128 and over .. .. A	—	—	3	7	10	20
112 to 127 .. .. B	—	—	6	14	5	25
89 to 111 .. .. C	1	7	36	9	4	57
73 to 88 .. .. D	4	8	7	—	—	19
72 or less .. .. E	9	1	—	—	—	10
Totals .. ..	14	16	52	30	19	131

\* A testee's ability is estimated by comparing his score on the Matrix Tests with the scores obtained by other testees of the same age. Thus he can be classed as :

A—"Intellectually superior" if his score exceeds that of 95 per cent. of the testees of his own age group.

B—"Definitely above average" if his score exceeds that of 75 per cent.

C—"Average ability" if his score lies between that obtained by 25 to 75 per cent.

D—"Definitely below average" if his score is exceeded by 75 per cent. of testees of his age group.

E—"Intellectually defective" if his score is exceeded by 95 per cent.

### Commentary

To meet the difficulties and shortcomings experienced when using other mental tests a series of Progressive Matrices has been prepared and standardized. It is

independent of language and training but is in no sense a "performance test". It measures educative ability which is definable and the essential creative factor in intelligent conduct.

The scores of testees have been shown to differentiate children and adults into five classes according to whether a person is intellectually defective, dull, normal, bright or of superior intellectual ability. The standard series fails to differentiate between individuals within these groups but the efficient range of each matrix is known (Raven, 1939) and it is a simple matter to design further series of matrices which can be used to differentiate between persons of approximately equal ability and to measure either the rate or the clearness of education.

The test provides a reliable means of differentiating between backwardness due to disorganized schooling and backwardness due to mental impairment.

An interesting finding during the experimental work merits further investigation. The scores of feeble-minded adults resemble those of a child of eight years or less, but remain characteristically unlike those of an average person of more than nine years. *Psychologically* they may be described as "intellectually defective". "Intellectual defect" can be diagnosed directly from test results and may be defined as the permanent inability to form comparisons and reason by analogy. It does not necessarily occur in all persons certified as mentally defective, but it is probably the chief cause of social failure. "Intellectual defect" may exist in persons who, from good repetitive ability, make stable social adjustments. In such cases the certification of mental defect would be unwarranted, but the diagnosis of intellectual defect would be justified.

A somewhat similar state of affairs is found to exist at the opposite extreme of ability. A certain superficial brightness and verbal fluency appears to account for a high Terman Merrill I.Q. and for early school success, but superior intellectual as well as repetitive ability appears essential if scholastic success and social stability are to be maintained.

Matrix Tests have been designed in accordance with psychological principles. Even if these principles are disputed, the results show that in practice the tests work as they should; and this, in the end, is what matters.

The writer is indebted to Dr. L. S. Penrose and Dr. L. G. Fildes for much helpful assistance and criticism. Thanks are also due to the Child Guidance Council. The work was carried out under the auspices of the Medical Research Council and the Darwin Trust.

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## News and Notes

### Child Guidance Council

Since the outbreak of war, the Council's offices have removed to 23 Queen Square, Bath, where Dr. Gordon's direction is thus conveniently carried on alongside his other duties in that area, despite changed conditions. The services of the Accountant, with one part-time clerical assistant, have been found sufficient to carry on the purely clerical work.

All clinics were circularized, and of the forty-three clinics recognized by the Council in England and Wales, twenty-five were found to be functioning, only those in London and Southampton having closed. Since then, the Tavistock Clinic, removed to Westfield College, has opened its children's department, and the London County Council has opened three "North London" children's clinics. It is hoped that some of the London clinics may re-open shortly.

The Council has been obliged to cancel its Autumn Course at Newcastle and its plans for future Courses, and on the outbreak of war the training of Fellows in Psychiatry and Psychology, who were appointed last June, was abandoned, the London Child Guidance Clinic being closed.

The more specifically "war" contribution of the Council to meet the needs of children is conducted to avoid overlapping through the Joint Mental Health Emergency Committee. The Council is paying the salary of four fully trained field workers, and part of the Committee's administrative expenses. The Reports of these workers show that their services are appreciated by Local Authority officials in helping to adjust billeting and other difficulties, and in one instance the establishment of a clinic has been brought nearer by a definite proposal placed before, and passed by the Bradford Education Committee, which has a reasonable likelihood of success.

Other items of news are that regular monthly meetings of the Acting Executive (appointed in July) have been held, and a full Executive was held to discuss policy in January. The Annual General Meeting and Dinner has been cancelled; Sunderland will shortly open a Joint Education Committee and Mental Hospital Child Guidance Clinic, and are about to appoint a psychologist to complete their "team"; and the Council has made a grant towards the running costs of a new unit at Cambridge with the object of providing training facilities for the Mental Health Course at the London School of Economics now at Cambridge and of serving the needs of children evacuated to that area.

In general, the first four months of war has shown without doubt that child guidance is as firmly established as before the war, and that despite the fact that there are some clinical workers perforce idle in London, it is only the difficulties of organization in a new situation, and the drain on finances that prevent their employment. While it appears that much the same proportion of children are in need of treatment, and that the majority of children are as yet undisturbed by changed conditions, the few who have given trouble are recognized by the Authorities as in need of

psychological methods of treatment or assistance, and child guidance is probably more, not less, recognized as an essential part of medical and educational school services.

### **Occupation Centres—The Present Position**

A recent questionnaire issued by the Central Association for Mental Welfare to Authorities and Voluntary Associations responsible for Occupation Centres, has revealed the fact that seventy Centres (in thirty-four areas) have been closed since the beginning of the war, the majority of these being in Evacuation or Mixed Areas. In twenty-two areas some form of Home Teaching has been substituted which ensures at least that the displaced children are not left completely without occupation. Dorset's Home Training Scheme includes a system of Group Teaching under which ten classes have been organized, each class consisting of four to six children, meeting in the front parlours of certain of the homes which have been readily made available by the parents. In Middlesbrough, temporary provision is made for the children in the home of the Supervisor, who takes a group on alternate days, so that each child attends for half the normal time.

Out of the sixty-four areas from which replies have been received, thirty-one reported that their Centres were still open, although in a few instances certain restrictions have had to be imposed. In only three areas (Lancashire, Essex and Middlesex) has there been any organized scheme for the group evacuation of Occupation Centre children.

### **Mental Treatment Clinics**

An enquiry has recently been made by the National Council for Mental Hygiene as to the number of out-patient mental treatment clinics which are remaining open during the war period, and from returns made it is gratifying to note that in England and Wales 174 out of 180 clinics are continuing to hold treatment sessions, in nearly all cases under normal arrangements. Two new clinics have been opened and the establishment of others is also contemplated in the near future. A list of these clinics has been compiled with particulars of days and times of sessions and information concerning them may be obtained on application to the Council.

The general recognition of the vital need for maintaining psychiatric services during the present emergency, and for ensuring that facilities are available for early treatment of persons suffering from mental and nervous disorders, is significant of the change in public opinion since the early and difficult days of the mental hygiene movement. The strain of war conditions and the drastic and far-reaching changes in the life of the community which these have brought about render essential the continuation of these services.

The necessity for early and efficient treatment during service of men in the fighting forces has been emphasized in the report recently published by the Conference convened by the Minister of Pensions to advise the Government as to the general principles for dealing with cases of nervous breakdown. The recommendations made

for treating cases of neuroses instead of discharging them from service and also those in regard to the examination of recruits for enlistment, are measures which should tend not only to add to the efficiency of our fighting forces but eliminate much of the waste in man-power which occurred during the last war owing to lack of experience of psychological disabilities and an organized method of treatment.

#### National Council for Mental Hygiene

The National Council for Mental Hygiene is arranging to hold a course of lectures for the general public at St. Stephen's Hall, Bournemouth, on Mondays at 8 p.m. from February 5th to March 11th inclusive. The subjects to be discussed are: "Mutual Understanding between Peoples and Nations", "Reactions to Strain and Danger", "Wartime Problems of Parents, Teachers and Children", "The Tranquil Mind", "The Prevention of Nervous Breakdown", and "The Psychology of the Dream". The speakers will include Dr. E. A. Bennet, Dr. Helen Boyle, Dr. Grace Calver, Dr. Doris Odlum, Dr. J. Burnett Rae, and Dr. H. C. Squires.

Tickets, price 2s. for each lecture, or 10s. for the Course, may be obtained in advance from The Secretary, N.C.M.H., 76-77 Chandos House, Palmer Street, London, S.W.1. Special terms are arranged for members of the Council and for schools and social workers.

A course of six lectures on "Psychological Problems in Wartime", arranged by the National Council for Mental Hygiene, will be held at the Royal College of Nursing from 5.30 to 6.30 p.m. on Thursdays, starting February 8th. Fees, 7s. 6d. for the course, 1s. 6d. single lectures. Particulars may be obtained from the Director in the Education Department, The Royal College of Nursing, 1a Henrietta Place, Cavendish Square, London, W.1.

Further lecture courses are being arranged by the National Council for Mental Hygiene, particulars of which may be obtained from the Secretary.

#### Mental Health Training Course

In the last number of *Mental Hygiene* a note appeared on the organization of the Mental Health Training Course since the outbreak of war. The London School of Economics, at present established for full-time students at New Court, Peterhouse, Cambridge, now invites applications for Commonwealth Fund scholarships for the Session 1940-41. The Feversham Committee Report stressed the need for more well-qualified psychiatric social workers and the first months of the war have shown clearly that this need has grown, rather than diminished. There is no doubt that social workers trained in mental health will be wanted, not only for emergency services in connection with evacuation and with mental patients for whom ordinary facilities have been curtailed; but for clinics which are dealing with those individuals who will inevitably suffer from nervous strain due to war conditions.

To undertake training for this type of work may be regarded therefore as a real form of constructive national service.

### **Mental Health Emergency Committee**

Up to the present, the work of this Committee has been mainly concerned with the alleviation of emotional problems amongst evacuated children, on the lines indicated in an article printed on another page.

The following Mental Health Social Workers are giving assistance with billeting problems in Reception Areas:—

Miss Addis (Northampton), Miss Cullen (Brighton), Mrs. Henshaw (Bradford), Miss Keir and Mrs. Shawyer (Reigate and Guildford), Miss Orr (Caernarvon), Miss Stephen (Cheltenham), Miss Leslie (Oxford).

In Henley a worker (Mrs. Rhees) gave valuable help in organizing a hostel for difficult children.

The Ministry of Health is giving sympathetic support to the activities of the Committee and now that some of the more pressing problems connected with evacuated children have been dealt with, it is hoped that work for adults may be undertaken. A letter published in *The Times* of January 4th, signed by the chairman of the Committee (Mrs. Montagu Norman), drew attention to the services which Mental Health workers (psychiatrists, psychologists and social workers) are able to offer in helping to "prevent and alleviate mental breakdown in a time of emergency".

The Committee is appointing in each of the eleven Civil Defence Regions into which England and Wales are divided, a Regional Representative to whom enquiries on social problems connected with Mental Health or on individual cases may be referred. So far eight appointments have been made, and it is hoped that the completed list may be published in our next issue. Meanwhile, the list of appointments made up to date may be obtained from the Secretary, Mental Health Emergency Committee, 24 Buckingham Palace Road, S.W.1.

### **On the State of the Public Health\***

Sir Arthur McNalty makes no mention of Mental Health matters in the body of his report this year but in his introduction on the state of the Public Health which deals with the question of the reality of human progress, he writes:

"Unfortunately, in many respects, the transition for a generation born in a more leisured age has been too abrupt and speedy. The central nervous system of man is dragged at the chariot wheels of modern progress; it is made to work not necessarily more efficiently, but at a more rapid pace; it is exposed day by day to demands upon its attention, claims on its vitality and shocks and vicissitudes, which the nervous systems of our forefathers never knew and which we as children barely envisaged. This concentration of labours which would have sufficed for a week of a past age into the short space of twenty-four hours, of necessity causes increased strain on the nervous system. The world gets through an increased amount of work in the shortest possible time; but the penalty is paid in 'nervous breakdowns'; neurasthenia and other manifestations of nervous fatigue.

\* Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1938.

"The mental health of a nation is of equal importance to its physical health, and it is becoming increasingly apparent that State medicine must pay increased attention to the prevention and treatment of nervous fatigue. But as with other forms of disease the causes are complex. It is a social and economic as well as a medical problem."

It is to be hoped that the Health Authorities really mean what they say in the last paragraph for so far preventive medicine has been lamentably one-sided.

In the reconstruction period after the war, whenever that comes, all those interested in and cognisant of the problems of mental health will have to strain every nerve to persuade Health Authorities both central and local to implement what their Chief Medical Officer has declared to be increasingly apparent, but which might already have become abundantly apparent if these Authorities had had eyes to see and ears to hear.

#### **The L.C.C.'s Mental Health Services in Wartime**

In a report made to members of the London County Council from which we have permission to quote, covering the period from the outbreak of war to October 31st, 1939, there is an interesting section on "Mental Health".

Dealing with the effect of the war on admissions to Mental Hospitals, the report states:

"... during the week immediately following the declaration of war, the number of patients admitted to London County Mental Hospitals, on reception orders was 100, whereas in the corresponding week of 1938 the number had been 62. . . . Since the end of the week following the declaration of war, the average number of admissions has been 19 per cent. less than the pre-war average. Probably the sudden increase at the beginning of September was attributable to nervous tension supplemented no doubt by a proper anxiety on the part of relieving officers to get the observation wards in London as free as possible of patients likely to be in danger if enemy activity should begin."

It is reported that the Council intend to administer the Mental Deficiency Acts as fully as possible, and despite inevitable congestion, it is hoped that there will be institutional accommodation available for urgent new cases. The Occupation Centres were closed on the outbreak of war, but all those defectives whose relatives desired it (a total of 303) were removed to institutions as "places of safety", though some have since returned home; fifty-one high-grade girls from South Side Home with the Superintendent and staff, were transferred to one of the Council's Mental Hospitals where they have given excellent service on the domestic side of the work.

#### **Evacuation of Mental Hospital Patients**

In answer to a question in the House of Commons, Mr. Elliot, Minister of Health, has stated that under the hospital emergency scheme, not more than 200 patients had been discharged from Mental Hospitals, and in every case careful investigation had been made of all the relevant circumstances, including the home

conditions. He further stated that the Board of Control were reviewing the arrangements for the care and supervision in wartime of individuals living in the community who were suffering from mental disorder.\*

#### Prisoners and Mental Health

It is recorded in the Report of the Commissioners of Prisons for 1938,† that during this year the number of prisoners certified as insane in local prisons was 97, as compared with 121 the previous year; 309 remand prisoners were found by Medical Officers to be insane (compared with 291 last year) and were dealt with by the Courts; 26 were found by juries to be insane on arraignment, and 22 were found to be guilty but insane.

In addition to these cases, 2,779 men and women were remanded to prison for observation and reports to the Courts on their mental condition (compared with 2,777 in 1937).

Under the Mental Deficiency Act 1913 (Section 8), 233 defectives were reported to the Courts, this representing an increase of 81 on the previous year's figures. Whilst undergoing sentences of imprisonment in local prisons, 30 defectives were certified, 25 of whom were removed to institutions by order of the Secretary of State under Section 9 of the Act.

Attention is called to the striking increase in the number of reports on Young Prisoners on remand in Wormwood Scrubbs Prison, and the following interesting table is given:—

	1936	1937	1938
Total number of medical reports sent to Courts .. .. .	317	496	572
Reports sent without request from Courts .. .. .	41	84	110
Reports sent on request of Stipendiary Magistrates .. .. .	—	—	254
Reports sent on request of other Courts .. .. .	—	—	208
Number of Courts requesting Reports	—	68	77

Of the cases on which reports were requested, 17 per cent. proved to be either mentally defective or insane, and 11 per cent. of the cases on whom reports were sent without being requested were mentally defective.

Referring to the recommendation made by Dr. W. Norwood East and Dr. Hubert in their report on "The Psychological Treatment of Crimê" that a "special institution for the care, study and treatment of a selected group of criminals" should be created, Dr. Methven, Medical Commissioner, comments:—

"Such an institution would be expensive to build and to maintain, but I am convinced that it is necessary and its cost justified. The institution would have to be

\* *Lancet*, 21.10.39.

† H.M. Stationery Office, 2s.

carefully planned and would require very anxious consideration before details could be fully worked out. It is true, as the authors point out, that the psychological treatment of crime is in its infancy; nevertheless, provided a sound basis could be found for the selection of cases likely to prove suitable for treatment, it should prove a most promising infant."

It is recorded with satisfaction that the Prison Commissioners had arranged for Dr. Hubert to continue his work as psycho-therapist at Wormwood Scrubbs and that authority had been obtained to engage a woman medical psycho-therapist for work with women and girl offenders, the work to be carried out at Holloway Prison.\*

### **Oliver Plunket Epileptic Colony**

The first Annual Report of the Oliver Plunket Epileptic Colony, conducted by the Brothers of St. John of God, has just been issued. This is the first colony of the kind to be opened in Eire, and the Report devotes a good deal of space to the discussion of epilepsy in general and of the special disabilities of the epileptic.

The first batch of boys was admitted in September 1938, and a year later there were 47 in residence, three short of the maximum number which can be provided for. The chief occupations have been farming and gardening, boot repairing, tailoring and carpentering. All these activities are necessarily in the initial stages, but a good beginning has been made and foundations laid for steady development and progress.

It is estimated that to deal adequately with male epileptics in Eire, a colony of some 200 beds is needed, and it is proposed to erect temporary buildings as the demand for admission increases until more extensive permanent provision can be made.

Copies of the Report of this gallant pioneer effort can be obtained from the Rev. Brother Prior, Oliver Plunket Epileptic Colony, Hollywood Rath, Mulhuddart, Co. Dublin.

### **Institute for the Scientific Treatment of Delinquency**

The Institute for the Scientific Treatment of Delinquency announces that it has found it possible to continue the provision of training for those who desire to qualify for the University of London Diploma in Social Studies, and the second year course of twenty-four lectures began on January 2nd, 1940.

Dr. Hermann Mannheim is the lecturer for the first series, taking as his subject "Social Structure related to Penology and Criminology". The second series will consist of twelve general lectures on "Social Structure" by a lecturer whose name will be announced later.

The lectures will take place weekly on Tuesday evenings at the Institute, 8 Portman Street, London, W.1. Copies of the syllabus and applications for admission can be obtained from the General Secretary.

\* We understand that, owing to the war, this appointment has not yet been made.—ED.

## Book Reviews

**Twenty-fifth Annual Report of the Board of Control for 1938. Part I. H.M. Stationery Office. 1s. 6d.**

### MENTAL DISORDERS

The Report of the Board of Control for 1938 is a fine record of achievement. After years of struggle, great improvements in conditions and treatment, both in mental hospitals and mental deficiency institutions have taken place. It was chiefly due to the Board that the Act of 1930 became law and this revolutionized the official outlook on mental illness so that early treatment came into the forefront of policy. The voluntary organizations such as the National Council for Mental Hygiene who have worked for nearly twenty years to educate public opinion to demand early and preventive treatment have also contributed much to the desired end, for as Sir Laurence Brock has said a Government Department cannot act in advance of public opinion, though without its backing no Act can come into being. It is very regrettable that the extension of these hardly won advances will tend to be shelved during the war and some of the already existing facilities may even have to be curtailed.

**Out-patient Centres.** Only three public mental hospitals in England have no centre associated with them for out-patient treatment. Existing centres now number 177, most of which have sessions at least once weekly. The total number of patients seen exceeded 19,000 with an aggregate of 74,000 attendances during the year. This suggests that a real attempt at treatment is replacing the merely diagnostic service which was formerly the rule rather than the exception. It is to be hoped that the war will not reduce the activity of out-patient centres since the need for them among the civilian population even if not greatly increased is not likely to be reduced.

**Part-time Psycho-therapists.** The appointment of a part-time medical Psycho-therapist on a sessional basis to the staff of St. Bernard's Hospital (formerly Hanwell) to treat patients likely to benefit is an important precedent. The existing staff of most mental hospitals have neither the time nor the training to give this specialized and intensive form of treatment. The National Council for Mental Hygiene has long advocated this policy.

**Nurses' Homes.** The provision of Nurses' Homes goes forward surely though slowly, and the Board's hope that demands for emergency work at night will be reduced to a minimum is very important. The part that the nurse plays in the treatment of patients in mental hospitals

cannot be over estimated, and only if the nurse's health and happiness are safeguarded can she be expected to carry out her duties with the efficiency and tranquillity that mean so much to the patients under her charge.

**Voluntary Treatment.** The increase of voluntary admissions is encouraging, but the numbers are not so high in many hospitals as they ought to be. For this, Public Assistance Officers, Medical Superintendents, and Visiting Committees may all be to blame. As the Board points out, it does make a real difference to the patient and his relatives if certification can be avoided. It is to be hoped that public opinion will bring pressure to bear on those who through lack of human understanding or indifference to the feelings of others prefer a course which is easier for themselves although more damaging to the patient. A specious excuse is sometimes put forward that voluntary patients discharge themselves too soon, even a few days after admission. But when patients do this, it is usually a reflection on the conditions or treatment in the mental hospital. This is proved by the fact that those hospitals which have the highest proportion of voluntary admissions do not necessarily show the highest proportion of voluntary patients discharging themselves against medical advice.

**Storage of Patients' Clothing.** The insanitary habit of tying patients' clothes in a bundle at night is rapidly disappearing. Nothing could be more damaging to a patient's morale than to have to wear creased and messy clothes; indeed the superior type of patient strongly resents being deprived of his personal belongings and having to wear ugly and clumsy garments. The trouble and expense of providing suitable hangers for clothes is abundantly repaid by the improvement in the patient's outlook. An interest in his personal appearance is an important factor in restoring the patient's social adaptation.

**Physical Training** is still very limited in mental hospitals, but it awakens the patient's interest and reality and should certainly take a more prominent place. It must, however, be carried out by properly trained instructors or nurses, and the ex-army sergeant is quite an unsuitable person.

**Libraries.** It is strange that there has been so much apathy and in some cases active opposition to the introduction of adequate library facilities in mental hospitals. Many medical superintendents seem to resent the introduction of voluntary visiting librarians as if they feared that

would in some way have an unfavourable effect upon the hospital; but where the experiment has been tried the happiness of the patients has manifestly been increased. The National Council for Mental Hygiene has strongly advocated the establishment of a well organized library in every mental hospital, and it is hoped that even in wartime the project will not be neglected.

#### MENTAL DEFICIENCY

The total number of defectives under care, either in institutions or in the community was, at the end of 1938, 89,904 (as compared with 86,510 at the end of 1937). Of these 46,054 were in Institutions or Homes, and 43,850 were under some form of community care.

*Ascertainment.* The number of defectives reported to Local Authorities, whether subject to be dealt with or not, was 125,859 representing a proportion to the population of 3·07 per 1,000 as against 2·99 a year ago.

In addition, 3,536 feeble-minded children between 1 and 16 were informally notified for After-Care on leaving school, and if these are added to the number given above, the total number of cases known to Local Authorities on January 1st, 1939, was 129,395, or 3·15 per 1,000 (as against 3·07 the previous year).

The number of defectives ascertained to be subject to be dealt with, was 95,418, viz. 2·33 per 1,000, as against 2·26 last year.

The number of children between the ages of 7 and 16 notified by Education Authorities during the year was 3,425, and it is discouraging to note that this represents a decrease of 485 on the number notified during 1937.

The Board regret that the number of defectives "subject to be dealt with" and in receipt of *Poor Relief* (8,506) has remained almost stationary for the last four years, after the initial drop due to the passing of the Local Government Act in 1929, and they draw attention to the provision by which such defectives can be placed under Guardianship under the Mental Deficiency Act and continue to receive a grant in aid. They urge that this procedure should be adopted in order that training and special care can be provided in addition to monetary relief.

The Table of Ascertainment Rates provides, as always, much illuminating information as to the varying standards of administration which are to be found throughout the country. Thus, in Cardigan, whilst the proportion of defectives reported is given as 8·03 per 1,000; only 1·46 are subject to be dealt with and only ·23 under some form of care; in West Hartlepool, on the other hand, out of 1·18 per 1,000 reported all were subject to be dealt with, and ·92 were placed under care. In Ipswich—to take another

example—4·13 were reported, 3·76 were subject to be dealt with, and 3·67 were placed under care.

*Institutional Accommodation.* During 1938, the total number of beds increased from 43,552 to 45,717, and practically all the larger Authorities in England had sufficient beds to meet at least their most pressing needs, though in Wales no progress has been made. In Institutions approved under Section 37, there was a net decrease of 410 beds, and no new approval was given during the year to such premises unless the scheme provided for the complete separation of the defectives from the other inmates and the patients were restricted to a type for whose requirements it was within the capacity of the institution to provide.

*Community Care.* Of the 36 per cent. of defectives subject to be dealt with, who were under statutory care in the community on January 1st, 1939, 3,107 were on Licence, 4,531 under Guardianship, and 39,009 under Statutory Supervision. For the first time for many years there was a decrease in the number of Licence cases (3,155 in 1937) which the Board attribute in part to the effect of their Circular No. 850, issued in June 1938, as a result of which there was a review of the position of all defectives who had completed their second year of Licence after leaving an institution. Of the cases considered, approximately 350 were discharged, being those in which it was clear that Licence had ceased to fulfil a purpose which could not equally well be served by some measure of friendly supervision.

*Occupation Centres and Home Training.* The number of Occupation Centres remained the same (191) as in the previous year, but there was an increase of 101 defectives in attendance, and more Centres were open for whole-time sessions. Three Centres were housed in their own premises and in five other areas plans for building were under consideration. The growing recognition by Local Authorities of the need for expert physical training is noted with satisfaction.

Twenty-two Home Training schemes of varying types and scope were brought to the notice of the Board during the year.

Attention is drawn to the urgent need for some recognized standard of training and salaries for Occupation Centre workers. Until, it is pointed out, "there is more general agreement as to the proper scale for supervisors, and until it offers a living commensurate with other careers calling for the same personal qualities and the same kind of experience, it will be difficult to establish a satisfactory scheme of training or to secure an adequate supply of candidates of the right type".

**Guide to Mental Health.** By H. D. Jennings White, M.A., Ph.D. The C. W. Daniel Co. Ltd. 15s. net.

This is an interesting book written for the general public and, as this type of book is often stated to be, particularly for the author's patients. It represents the point of view of a lay psycho-therapist and its plan is based on the concept of the Goal, originally, of course, so far as modern psychology is concerned a formulation of Adler's. Nine of the twelve chapters are devoted to a study of nine different Goals. The opportunity, however, is taken to expand some of these chapters partly by way of illustration and partly to allow the author to express his views (or the views of others he has adopted) on matters which obviously interest him and which he considers relevant. For example, nearly two-thirds of the Chapter on the Goal of Supremacy is devoted to an analysis of famous characters, including Alexander the Great, Mohammed, Napoleon, and Nietzsche. Mysticism and the Buddhist tradition are dealt with in the chapter on the Goal of Bliss. And in the chapters on the Goals of Faith and Salvation the historical foundations of Christianity are represented as symbolizing more ancient beliefs or are explained in terms of astronomical phenomena. One is irresistibly reminded of the interpretations placed on the measurements of the Great Pyramid by those who profess to find in these not only relics of the past but also indications for the future.

Those looking for guidance in the problems of Mental Health will find much of practical value. But what may perhaps be regarded as a main criticism is this. Efficient psychological treatment will tend to be an individual application of general principles, individual alike to the psycho-therapist and to the patient. Every psycho-therapist will evolve his own method which he will modify in accordance with the requirements of each patient. But if this is admitted a point may be reached when individuality of technique, opinion and interpretation or a specific combination of these will be developed into something in the nature of a new revelation. This as a working principle may be extremely effective in the hands of its originator and its exposition may make interesting reading. Those indeed who regard psycho-therapy not so much as a science as an art may place no limits to their own individual methods. They will not hesitate to invent new terms and to invest them with a sectarian significance. Doctors have (or should have) what lay practitioners lack, namely, a corporate sense of responsibility to their profession. Pioneers there must be, and

these may be compelled by circumstances to plough a lonely furrow. But there comes a stage in all scientific achievement when the task becomes one of co-ordination and synthesis rather than that of emphasizing personal preferences or adding new names to an already overburdened terminology. Words such as Eutrophia and Moralisia may be needed to indicate a particular philosophy, but as part of a scheme intended for general acceptance they are a hindrance rather than a help.

In conclusion, two points may be mentioned to indicate the author's approach to psychopathology. He stresses the psychogenic origin of many, apparently physical, ills, but he does not seem so inclined to consider that pathological states of a physical nature may prove harmful to mental health. Also he appears to regard all mental illness as unitary in the sense that it has a single underlying cause. Two quotations will illustrate this: "Behind every abnormal goal, therefore, we seek for the complementary fear which is the source of the abnormality." And again, "These same fears still further isolated and exaggerated underlie the psychotic goals in which the individual prefers death to the situation which is feared. From this point of view suicide is the central or limiting symptom of psychosis and an extreme phobia the central cause." In other words, Neurosis and Psychosis are different stages in the same process.

H.C.S.

**Your Brain and Its Story.** By R. J. A. Berry, M.D., F.R.C.S., F.R.S.E.; Director of Medical Services, Stoke Park Colony, Bristol. Oxford University Press. 7s. 6d.

The curiosity aroused in most people by the sight of a human brain delivered from its covering membranes is often damped by the intellectual effort required to understand the complicated architecture of this amazing machine. Many anatomists have tried to tell its story simply in books designed for the lay public. Professor Berry, unlike some others, has been at great pains to make his design suit his public. He has enlisted the help of three lay representatives, an education officer, a lawyer, and a journalist, all of whom gave advice on the manuscript.

The book surveys a vast amount of knowledge. It traces the evolution of the nervous system during the ages of geological time from simple beginnings in the worms of the Cambrian mud, through fish, and giant reptiles ("four times the height of a man and not quite the length of a cricket pitch") to mammals and so to man. The brains of these various animals are very

clearly described and contrasted. Professor Berry then describes the many sense organs of man, and also the microscopic structure of that part of the brain which subserves intellect. He illustrates the nature of nervous reflex action by such familiar annoyances as toothache and blushing, and by a contemplation of the neuronic machinery concerned in the vocabulary of Shakespeare. There are two chapters on mental deficiency, in which the writer tilts at the antiquated McNaughton rules, and toys, perhaps too seriously, with euthanasia, without any regard to the evil social reverberations which might follow its practice.

An extraordinary amount of information is conveyed in these 158 small pages. Although the argument is greatly condensed, the reader must not expect to find it correspondingly simplified. The reading demands much thought. Professor Berry scores, and scores heavily, over other popular writers on the brain with his diagrams and photographs. These are many, all excellent and some exquisite. So apt and informative are these illustrations that the book can be re-read from them alone. They are printed with that masterly clarity which we expect from the Oxford University Press.

T. A. MUNRO.

**Guiding Human Misfits.** By Alexandra Adler. Faber & Faber. 5s.

A simple, well-written and extremely well-produced exposition of some of the basic facts in the modern handling of the mentally unfit by the daughter of the late Professor Adler, which calls for more notice than it is usual to accord to the plethora of such short popular expositions.

Miss Adler emphasizes once more her father's individual approach, and the necessity of treating each case as a complex of elements best understood from a study of the circumstances and history of the individual person. This in fact is Adler's most significant contribution to the technique of the modern child guidance clinic. Those who were privileged to hear Professor Adler on the occasion of his last visit to London will remember that he considered that the three important issues in the life of the individual were his adjustment to society, to his work, and to the problem of his love relationships. Miss Adler simplifies these issues in dealing with the problems of childhood and adolescence, and with the psychology of the neurotic and the criminal.

In a book of a hundred odd pages, however, the field is too vast to justify a popular approach even by Miss Adler. There is in addition a highly misleading and fanciful chapter on dreams,

which belies all Professor Adler's insistence on the individual approach. It reads instead like the old dream books of a more credulous age, and is not really any more scientific.

The book abounds in easy generalizations which do not escape notice, though they might not be expected in a book from such a source. There must be comfort to the dictators, for instance, in the following: "The spirit of the people who have contributed to social development will never die. But what becomes of those people who have been a hindrance? We find no trace of them in history; they have left nothing. Only the useful accomplishments are included and those who work against progressive developments disappear." Not thus can psychological writers contribute to the millennium.

R.T.

**New Ways in Psychoanalysis.** By Karen Horney. Kegan Paul. International Library of Psychoanalysis. 12s. 6d.

The author has been brought up in the Freudian school, but has certainly not succumbed to the paralysing influence of orthodoxy as some disciples have done, especially since the earlier defections of such pioneers as Jung, Adler and Stekel. In her heretical conclusions she is probably nearest to Stekel, but she is by no means a disciple of his. In this book she takes all the main tenets of the Freudian doctrine except the fundamental ones of conflict and repression, and subjects them to stringent criticism.

Briefly, while Freud holds that mental illness is determined almost exclusively by erotic stresses in very early childhood, Dr. Horney lays stress on the character drives in the present situation. Freud holds that if these infantile stresses are laid bare, the emotional "working out" involved in the unmasking of the repressed material liberates the patient so that he can adjust to present circumstances without more ado, and if he fails in this, the reason is that all the repressions have not been resolved. Hence the very prolonged analysis of Freudian practice. In this book it is held, on the contrary, that what is required is that the patient must be shown how his character drives are shaping his behaviour and producing his neurotic symptoms, and that he must be taught to redirect his will so as to adapt to reality with better advantage.

The author points out that the resistance of the patient depends on his essential feeling of insecurity and his unwillingness that the picture of himself as a perfect personality in order to protect himself from that very insecurity should be assailed.

There is no doubt that this is a highly interesting and stimulating book and that it does reflect the general attitude of many modern psychotherapists, especially in this country, but it must not be thought that this is an easy simplification of the difficult Freudian doctrine which can be assimilated by the uninitiated, and it is very doubtful if anyone who is not well acquainted with analytic theory and practice will get much value from it.

**Towards Mental Health in School.** By C. Roger Myers, M.A., Ph.D. University of Toronto Press. pp. 151. 7s.

This is an excellent little book written for teachers. It is brief, clear and, if in places a little too dogmatic and unduly optimistic, it is none the worse for that.

As the author says, education is largely a waste of effort if the recipient is not in good health, but while teachers have done much in the past to promote physical health, they pay scant attention to the mental health of these pupils, which is even more important.

If we are to keep mentally healthy we must face facts, and two chapters are devoted to the exposition of the true facts, as to the frequency and nature of mental illness and to exploding false notions commonly held by the lay public regarding them.

The next two chapters are devoted to mental defect, which the author very rightly describes as a minor problem compared with mental illness. This is a point that might well be taken in this country, where intellectual impairment is still erroneously regarded as far more important than emotional impairment. The causes of mental deficiency are discussed, and if the author lays less stress on heredity than some would consider justifiable, he rightly points out that while mental defectives cannot be improved in their mental capacity, they can all be raised to the limits of their capacity by careful and suitable instruction. Many teachers would do well to take to heart the remark, "It would be as senseless to whip a weak child for failing to lift a heavy weight as to punish a mentally defective child for failing to add or spell correctly."

The mental diseases are next discussed with remarkable accuracy, considering the simple language used. Exception might be taken to the implication that the functional psychoses are nothing but perpetuations of faulty habits of adjustment to environment acquired in childhood, but nothing but good can come of the exhortation to teachers to do their best to help children to free themselves from, or better still to avoid faulty attitudes towards life. Amongst

the methods, perhaps one of the most important is the avoidance of too much competition, especially speed tests, for in these the same children will almost always lead and the same group will always fail, and whether the over-weening conceit induced in the first group or the inferiority of the last is the greater evil is a moot point.

In the second part of the book, which deals more specifically with the problem of the child in school, these faults are excellently described and the proper attitude of the teacher is outlined. The latter is specially warned that the naughty child is much more likely to be emotionally healthy than the over-good child, and a very true adage is quoted: "There are three main principles to employ in the treatment of the timid child", or, indeed, of any child. "The first is tact, the second is tact, and the third is tact." Finally, there is a valuable chapter on the preservation of the teacher's own mental health, for, as has been statistically proved, it is found that there is a greater proportion of emotionally unstable children in the classes of teachers who are themselves not well adjusted in their emotions, than in those with a sane and calm outlook on life.

Altogether an admirable little book which all might read with profit.

## THE NATIONAL COUNCIL FOR MENTAL HYGIENE

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- CHILD GUIDANCE COUNCIL.** Proceedings of Inter-Clinic Conference of Great Britain, 1939, held at British Medical Association House, London, on 27th and 28th January 1939. Obtainable from Child Guidance Council, 23 Queen Square, Bath. 2s. 6d.
- BIBLIOGRAPHY OF CHILD PSYCHOLOGY.** Child Guidance Council, 23 Queen Square, Bath. 1s.
- EPILEPTICS IN THE COMMUNITY.** Read at Annual Meeting of Royal Medico-Psychological Association at Brighton, July 1939. By J. Tylor Fox, M.A., M.D., Medical Supt., Lingfield Epileptic Colony. Adlard & Son.
- CENTRAL ASSOCIATION FOR MENTAL WELFARE.** 25th Annual Report. Obtainable from Secretary, 24 Buckingham Palace Road, S.W.1.

### REPORTS, ETC.

- BOARD OF CONTROL.** 25th Annual Report for 1938. Part I. 1s. 6d. Mental Deficiency section only, 6d. H.M. Stationery Office.
- MINISTRY OF HEALTH.** 20th Annual Report, 1938-39. H.M. Stationery Office. 5s.
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- REPORT OF THE COMMISSIONERS OF PRISONS AND THE DIRECTORS OF CONVICT PRISONS FOR 1938.** H.M. Stationery Office. 2s.

### MENTAL WELFARE LIBRARY

The Library contains an up-to-date supply of books serviceable to teachers of retarded children and to mental health workers. Subscription, 10s. per annum; 5s. 6d., six months; 3s. 6d., three months. (Postage extra.) Catalogue, price 9d., from Librarian, C.A.M.W., 24 Buckingham Palace Road, S.W.1.

## Association of Mental Health Workers

Chairman: DR. LETITIA FAIRFIELD

The Executive Committee met on November 25th, 1939, when the question of the 1940 Conference was under discussion. It was agreed that the Conference should be held, despite war conditions, but that if a residential gathering proved impracticable, the meeting should be in London, probably on Saturday, April 13th. It was further agreed that the subject for consideration should be the Mental Health aspect of Evacuation. At its next meeting on February 3rd, a final decision will be made, after which members will be notified.

The Hon. Treasurers would be glad to receive subscriptions for 1940 (due on January 1st) as soon as possible and would remind members how greatly their work is facilitated by prompt payment.

For particulars of the Association apply to Miss A. L. Hargrove, Hon. Secretary, A.M.H.W., 24 Buckingham Palace Road, S.W.1.

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